



**COURIER:** 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9  
**MAIL:** PO Box 9244 Victoria, BC V8W 9J2  
**FAX:** (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888 564-9963  
**EMAIL:** operations@consumerprotectionbc.ca  
www.consumerprotectionbc.ca

## Debt Collection

### Debt Collector or Bailiff Employee Application

The personal information requested in this form and the results of the Criminal Record check are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 144 of the *Business Practices and Consumer Protection Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

1. Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Surname) (Given Names) YYYYY MM DD

2. You may use an alias, but must only use the name you indicate here: \_\_\_\_\_  
(Alias Last First Middle Name)

3. Home Address: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
No., Street., Apt. City Prov/State

4. Birthplace: \_\_\_\_\_  
(City) (Province/State) (Country)

5. Licence Type:  Bailiff  Bailiff/Collector  Collector (Phone Collections)  Collector (In-person collections)

Yes No

6. Have you previously held a collector or bailiff licence in British Columbia? .....

7. Have you completed the Debt Collector Examination? .....

If yes, what score did you achieve? \_\_\_\_\_% If no, a Certificate of Achievement must be included with this application

8. Have you had a collector or bailiff licence suspended or cancelled by a Licensing Authority? .....

9. Have you been refused a collector or bailiff licence in British Columbia or elsewhere? .....

If **YES** to questions 9 or 10 above, provide details on a separate sheet, including date(s), location(s), and by what Authority.

10. **ALL BAILIFF AND IN-PERSON COLLECTOR APPLICANTS** that reside in Canada **MUST** complete an online criminal record check within one day of sending this application to Consumer Protection BC by going to the following link: <http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC> and following the instructions for completion. Please note that once complete a copy will be sent directly to Consumer Protection BC.

**ALL BAILIFF AND IN-PERSON COLLECTOR APPLICANTS** that do not reside in Canada **MUST** submit a certified criminal check from their home jurisdiction. Applicants from the U.S. can apply for an FBI Identity History Check by following this link: <https://www.fbi.gov/services/cjis/identitv-historyv-summarv-checks>

Please note that criminal record checks **are not** required for "telephone only" debt collectors.

Your application will not be processed until the criminal record check is received

#### EMPLOYEE DECLARATION

I declare that:

1. I am the applicant in this application, which I have signed; and
2. I hereby apply for my Collector or Bailiff licence under the *Business Practices and Consumer Protection Act* of British Columbia. I confirm that the information contained in this application is true and correct;
3. I have read the *Business Practices and Consumer Protection Act* and the Debt Collection and Repayment Regulation;

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYER DECLARATION**

The foregoing application is hereby recommended. Dated this \_\_\_\_\_ day of \_\_\_\_\_ (Date) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

\_\_\_\_\_  
Authorized Signing Officer of Collection/Bailiff Agency

\_\_\_\_\_  
Agency Name (As licensed) Agency licence#

\_\_\_\_\_  
Print Name and Title of Signing Officer

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

\_\_\_\_\_  
Business location where collector will be licensed (Street Address, Suite, City, Province/State, & Postal/Zip Code)

**Licence application fees are payable by cheque, money order or credit card**

**Licence application fees are non-refundable**

Please consult the current fee schedule for the applicable fee. Debt collection/bailiff employee licences expire based on the date of application. Applications, supporting documentation and applicable fees can be sent to:

**Mail: Consumer Protection BC  
PO Box 9244  
Victoria BC V8W 9J2**

**Courier: Consumer Protection BC  
307-3450 Uptown Blvd  
Victoria, BC V8Z 0B9**

Applications paid with a credit card may be faxed to 250 920-7181. Please complete and include the credit card authorization form with the application. The credit card authorization form is available at [www.debtrightsbc.ca](http://www.debtrightsbc.ca). We accept Visa, MasterCard and American Express.

Cheques or money orders are payable to Consumer Protection BC

A service charge applies on any dishonoured payments. Please see current fee schedule.

**INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED**



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## Credit Card Payment Authorization Form



To pay by credit card, please complete form and submit with your request.

**Payment is for:** \_\_\_\_\_ **Licence Number:** \_\_\_\_\_  
 (E.g. Renewal, New Application, Changes, etc.) (if known)

**Business Name:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Card Type:** American Express  MasterCard  Visa

(Note: Only American Express, MasterCard and Visa are currently accepted)

### Payment Option 1

Maximum payment authorized \$ \_\_\_\_\_

### Payment Option 2

I authorize Consumer Protection BC to charge my credit card the necessary amount required to process my documents or to perform my required services.

**Credit Card Number:**

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**Expiry Date** (m) 

--	--

 (y) 

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**CVV Number**

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**Cardholder Signature:** **X** \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Receipt # _____
Date _____
Amount _____
Auth. # _____

**Privacy Statement:** Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Consumer Protection BC.